

**Macomb County
Community Services Agency**

PRIVACY NOTICE

Effective April 14, 2003

THIS NOTICE DESCRIBES HOW PERSONAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Understanding the Type of Information We Have. We get information about you, your spouse and dependents when you enroll in a health plan. It includes dates of birth, sex, social security number and other personal information. From the Health Plan, we receive summaries of medical bills paid by the insurance company. We receive premium billing notices for payment. We also get bills and reports from your doctor and other data about your medical diagnosis and care.

Our Privacy Commitment to You.

We care about you privacy. The information we collect about you is private. We are required to give you a notice of our privacy practices. Only people who have both the need and the legal right may see your information. Unless you give us permission in writing, we will only disclose your information for purposes

of treatment, payment, business operations or when we are required by law to do so.

- **Treatment.** We may disclose medical information about you to coordinate your health care. For example, we may notify your doctor about care you get in an emergency room.
- **Payment.** We may use and disclose information so the care you get can be properly billed and paid for. For example, we may ask an emergency room for details before we pay the bill for your care.
- **Business Operations.** We may need to use and disclose information for our business operations. For example, we may use information to review the quality of care you get.
- **Exceptions.** For certain kinds of records, your permission may be needed even for release for treatment, payment and business operations.
- **As Required By Law.** We will release information when we are required by law to do so. Examples of such releases would be for law enforcement or national security purposes, subpoenas or other court orders, communicable disease reporting, disaster relief,

review of our activities by government agencies, to avert a serious threat to health or safety or in other kinds of emergencies.

- **With Your Permission.** If you give us permission in writing, we may use and disclose your personal information. If you give us permission, you have the right to change your mind and revoke it. This must be in writing too. We cannot take back any uses or disclosures already made with your permission.

Your Privacy Rights

You have the following rights regarding the health information that we have about you. Your requests must be made in writing to Macomb County Community Services Agency at the address listed below.

- **Your Right to Inspect and Copy.** In most cases, you have the right to look at or get copies of your records. You may be charged a fee for the cost of copying your records.
- **Your Right to Amend.** You may ask us to change your records if you feel that there is a mistake. We can deny your request for certain reasons, but we must give you a written request for our denial.
- **Your Right to a List of Disclosures.** You have the right to ask for a list of disclosures made after April 14, 2003. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your authorization.
- **Your Right to Request Restrictions on Our Use of Disclosure of Information.** You have the right to ask for limits on how your information is used or disclosed. We are not required to agree to such requests.
- **Your Right to Request Confidential Communications.** You have the right to ask that we share information with you in a certain way or in a certain place. For example, you may ask us to send information to your work address instead of your home address. You do not have to explain the basis for your request.

Changes to this Notice

We reserve the right to revise this notice. A revised notice will be effective for medical information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. Any changes to our notice will be published on our website. Go to www.co.macomb.mi.us/mccsa and click on Privacy Notice (last item in left column). If the changes are material, a new notice will be mailed to you before it takes effect.

How to Use Your Rights Under This Notice

If you want to use your rights under this notice, you may call or write us. If your request to us must be in writing, we will help you prepare your written request, if you wish.

- **Complaints to the Federal Government.** If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. You may write to:

Office of Civil Rights
Dept. of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Phone: (866) 627-7748
TTY: (866) 788-4989
Email: ocrprivacy@hhs.gov

You will not be penalized for filing a complaint with the federal government.

- **Complaints and Communications to Us.** If you want to exercise your rights under this notice or if you wish to communicate with us about privacy issues or if you wish to file a complaint, you can write to:

Madeleine Olszak, Privacy Officer
Macomb County
Community Services Agency
21885 Dunham Road, Suite 10
Clinton Township, MI 48036
(586) 469-6999

You will not be penalized for filing a complaint.

Copies of this Notice

You have the right to receive an additional copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. Please call or write to request a copy.

Macomb County is an
Equal Opportunity Employer.



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Last updated 4-10-03